MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09453

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) RFD-Woolford

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) DANIEL BAILEY

4. DATE OF DEATH: (Month) (Day) (Year) SEPTEMBER 15, 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 7-18-1892
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer hand
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Bailey
14. MOTHER'S MAIDEN NAME: Lizzie Trego

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - - (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY No.: - - -
17. INFORMANT & ADDRESS: Sarah Stanley, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) Congestive heart failure

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14, 1952, to 9-15, 1952, that I last saw the deceased alive on 9-15, 1952 and that death occurred at 8:40 AM, from the causes and on the date stated above.

SIGNATURE S. L. Brady Jr. (Degree or title) M. D., ADDRESS 232 Cedar St., Cambridge, Maryland DATE SIGNED 9-18-1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-18-1952
NAME OF CEMETERY OR CREMATORY Madison Cemetery
LOCATION (City, town, or county) (State) Madison, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 24, 1952
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR Lewis H. Bayneum, ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

RECEIVED
SEP 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9454

# CERTIFICATE OF DEATH

Reg. Dist. No. 118

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) William (Middle) Furwin (Last) Beckwith

4. DATE OF DEATH: (Month) September (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: October 7, 1868

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: American Stores Cannery

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B. Beckwith

14. MOTHER'S MAIDEN NAME: Anna E. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 200-09-6674

17. INFORMANT & ADDRESS: Miss Dorcas Beckwith, Hurlock, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause — (a) DUE TO: Inanition + Acidosis — Interval Between Onset And Death: 1 Month

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO: Diabetes Mellitis + senility — 1 yr +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Sept. 30, 1952, that I last saw the deceased alive on Sept 23, 1952, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W C Harrison MD — ADDRESS: Hurlock Md. — DATE SIGNED: 9/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: October 2, 1952 — NAME OF CEMETERY OR CREMATORY: Washington Cemetery — LOCATION (City, town, or county) (State): Hurlock, Maryland

DATE REC'D BY LOCAL REGISTRAR: October 2-1952 — REGISTRAR'S SIGNATURE: Chas W Keating

24. FUNERAL DIRECTOR — ADDRESS: J.J. Frampton and Son, Federalsburg, Md.

RECEIVED
OCT 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09455

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Cambridge
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cambridge
LENGTH OF STAY (in this place) 2y. 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp. Cambridge, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: Grasonsville
STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Town) Grasonsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Beecher

4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: 12-12-1872

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Beecher

14. MOTHER'S MAIDEN NAME: Louise Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Records, Eastern Shore State Hosp., Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertensive Cardio-Vascular disease — Interval Between Onset And Death: many years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — ✓

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 5 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.1., 1952, to 9.28., 1952, that I last saw the deceased alive on 9.28., 1952 and that death occurred at 11 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Witold V. Winiarz M.D. Eastern Shore State Hosp, Cambridge, Md. 9.29.52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-1-1952 | NAME OF CEMETERY OR CREMATORY Grasonsville (private cemetery) | LOCATION (City, town, or county) (State) Grasonsville, Md.

DATE REC'D BY LOCAL REGISTRAR September 30, 1952 | REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS Baxter Bros. Centreville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
OCT 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19456

# CERTIFICATE OF DEATH

Reg. Dist. No. 11d

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Dorchester MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Dorchester |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock — LENGTH OF STAY (in this place) 6 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Avenue | STREET ADDRESS (If rural give location) Taylor Avenue |

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Hester (Last) Cole

4. DATE OF DEATH: (Month) (Day) (Year) September 17 1952

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | February 12,1876 | 76 yrs. | | | | |

| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housework | Home | Dorchester County, Maryland | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| John E. Hubbard | Mary E. Parker |

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| No | | Unknown | Mrs. Esther Coulbourne, Williamsburg, Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| 170X Immediate cause | (a) Generalized Carcinomatosis | 8mos |
| Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Carcinoma of Left Breast | 3 yrs |
| | DUE TO (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: * — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE * (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) * m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18/ 1952, to 9/17/ 1952, that I last saw the deceased alive on 9/17 1952, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| [signature] | M.D, | Preston Maryland | 9/19/52 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept. 19,1952 | Washington Cemetery | Hurlock, Maryland |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Sept 19 1952 | Chas W Hastings | J.J.Framptom and Son, | Federalsburg, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09457

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston; STREET ADDRESS (If rural, give location) √

3. NAME OF DECEASED (Type or Print): (First) Oleata (Middle) (Last) Connelly

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-27-1899

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Moore

14. MOTHER'S MAIDEN NAME: ? Haymen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT: Mrs. Norma Henry, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Uremia; Congestive heart Failure | ? |
| 593X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Complete Heart Block. | 3 hrs. |
| | (c) Nephritis, type undetermined | ? |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt-Hip, old, healed. ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 19....., to....., 19....., that I last saw the deceased alive on Sept 20, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE James A. Thompson (Degree or title) M D ADDRESS Cambridge DATE SIGNED Sept 23, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 9-23-1952 — NAME OF CEMETERY OR CREMATORY Grove Cemetery — LOCATION (City, town, or county) (State) Preston, Maryland

DATE REC'D BY LOCAL REG. September 26, 1952 — REGISTRAR'S SIGNATURE John Mace, R.N.S.

24. FUNERAL DIRECTOR ADDRESS Virgil Moore, Denton, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Cambridge
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) GUY (Middle) P. R. (Last) DENNIS
4. DATE OF DEATH (Month) Sept. (Day) 10 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 1/17/96
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dentist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Revedy Dennis
14. MOTHER'S MAIDEN NAME Elle Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Cerebral hamorrhage | 9/10/52 |
| 322.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Epilepsy, symptomatic | 3 years |
| | (c) | Alcoholism, chronic | 26 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — undetermined

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1952, to Sept. 10, 1952, that I last saw the deceased alive on Sept. 10, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Witold V. Winiarz (Degree or title) M.D. ADDRESS Eastern Shore State Hosp. Cambridge, Md. DATE SIGNED 9.10.52.

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 9/12/52 NAME OF CEMETERY OR CREMATORY Newark Cemetery LOCATION (City, town, or county) Newark, Md. (State)

DATE REC'D BY LOCAL REG. September 10, 1952. REGISTRAR'S SIGNATURE John Mace, Jr., M.D. 24. FUNERAL DIRECTOR Anna Buring, Berlin, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 11 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 58

**1. PLACE OF DEATH:**
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS (none)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek
STREET ADDRESS (If rural, give location) (none)

**3. NAME OF DECEASED:** (Type or Print) (First) CHRISFIELD (Middle) - (Last) ELZEY

**4. DATE OF DEATH:** (Month) SEPT (Day) 4 (Year) 1952

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married
**8. DATE OF BIRTH:** 3-2[illegible]-1875
**9. AGE last birthday:** 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY:** Own General Farm
**11. BIRTHPLACE** (State or foreign country): Maryland
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** John N. Elzey
**14. MOTHER'S MAIDEN NAME:** Mary Insly

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
**16. SOCIAL SECURITY NO.:** -
**17. INFORMANT & ADDRESS:** Mrs. Nellie Elzey: Church Creek, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 331x Immediate cause | (a) | Cerebral hemorrhage | 3 mos. |
| | DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) | arteriosclerosis | under |
| | DUE TO | | |
| 265x | (c) | | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 7 years

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION:**
**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1952, to Sept 4, 1952, that I last saw the deceased alive on Aug 30, 1952, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE Alfred R. Maryanov (DEGREE OR TITLE) MD. ADDRESS 136 Race St, Cambridge DATE SIGNED 9/4/52

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial
DATE THEREOF 9-6-1952
NAME OF CEMETERY OR CREMATORY Old Trinity Cemetery
LOCATION (City, town, or county) Church Creek (State) Md.

DATE REC'D BY LOCAL REG. September 5, 1952
REGISTRAR'S SIGNATURE John Mace Jr. M.D.
**24. FUNERAL DIRECTOR** Leverette Funeral Service, Cambridge, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 9 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Cambridge
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) (Last) ENNIS

4. DATE OF DEATH (Month) Sept. 8 (Day) (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 1871

9. AGE last birthday 81 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME Lizzie Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Chronic Myocarditis and Myocardial Degeneration | 9 months |
| 422.1 Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) General Arteriosclerosis | sev. yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — Sev. years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19, 1952, to Sept. 8, 1952, that I last saw the deceased alive on Sept. 8, 1952, and that death occurred at 9:25 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alfred S. Ledermann M.D. ADDRESS E.S.S.H., Cambridge, Md. DATE SIGNED Sept. 8, 1952

23. BURIAL, CREMATION REMOVAL (Specify) DATE 9/10/52 NAME OF CEMETERY OR CREMATORY J. J. Parks LOCATION (City, town, or county) Chance (State) Md.

DATE REC'D BY LOCAL REG. September 10, 1952. REGISTRAR'S SIGNATURE John Mace, Jr., M.D. 24. FUNERAL DIRECTOR [signature] ADDRESS [signature]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]-61

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 417 Roslyn Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 417 Roslyn Avenue

3. NAME OF DECEASED: (First) PHILLIP (Middle) ROYCE (Last) FAIRALL
4. DATE OF DEATH: (Month) SEPT (Day) 26 (Year) 19 52

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE Last birthday | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 6-30-1898 | 54 yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Machinist | Food Canning Co. | Maryland | U.S.A. |

13. FATHER'S NAME: Phillip D. Fairall
14. MOTHER'S MAIDEN NAME: Anna Johnson

| 15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| yes | W.War I | not known | Mrs. Leila Fairall: Cambridge, Md. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | Interval Between Onset And Death |
|---|---|---|
| 200.0 Immediate cause | (a) Reticulum cell sarcoma DUE TO | 4-5 mos. |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO | |
| | (c) | |

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1952, to Sept. 26, 1952, that I last saw the deceased alive on Sept. 26, 1952, and that death occurred at 4:45 P.M. from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Alan E. Bunker. M.D. | 9 Lacy St. Cambridge - Maryland | 9-27-52 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) ADDRESS |
|---|---|---|---|
| Burial | 9-28-1952 | Dorchester Memorial Park: | Cambridge, Md. |

DATE REC'D BY LOCAL REGISTRAR: Sept. [illegible] 28, 1952
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: LeCompte Funeral Service
Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 115

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY Dorchester MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Car. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Cambridge — LENGTH OF STAY (in this place) 7 weeks | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital | STREET ADDRESS (If rural give location) Preston Road |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) ROMAINE (Middle) (Last) GAMBRILL | | | 4. DATE OF DEATH (Month) Sept. (Day) 24 (Year) 1952 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH 5/23/72 | 9. AGE last birthday 80 yrs. | If under 1 year Months Days / If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm Owner | | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME Darius Gambrill | | | 14. MOTHER'S MAIDEN NAME Mary Ann Todd | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Eastern Shore State Hospital records | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Gangrene, left leg | 12 hrs. |
| 42? / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis, generalized | sev. yrs. |
| | (c) Myocarditis, chronica | 2 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Senile Psychosis | sev. yrs. |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from July 29, 1952, to Sept. 24, 1952, that I last saw the deceased alive on Sept. 24, 1952, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Alfred L. Lederman | MD | E.S.S.H., Cambridge, Md. | 9/24/52 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Sept 28 1952 | NAME OF CEMETERY OR CREMATORY Hill Creek | LOCATION (City, town, or county) (State) Federalsburg md. |
| DATE REC'D BY LOCAL REG. Sept. 26, 1952 | REGISTRAR'S SIGNATURE John Mace, Jr. M.D. | 24. FUNERAL DIRECTOR J J Frampton Son Federalsburg md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]163

# CERTIFICATE OF DEATH

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek (Rural)
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek (Rural)
STREET ADDRESS (If rural give location) RFD

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) WROTEN (Last) HADDAWAY

4. DATE OF DEATH: (Month) SEPT (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-28-1863

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert L. Wroten

14. MOTHER'S MAIDEN NAME: Olivia Pritchett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Bervice Haddaway: Church Creek, Md RFD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

152x

Immediate cause (a) Carcinoma of Colon

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) — ns —

DUE TO

(c) — ns —

Interval Between Onset And Death: 18 mo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ns

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Sept 21, 1952, that I last saw the deceased alive on Sept 21, 1952 and that death occurred at 12 30 a.m. from the causes and on the date stated above.

SIGNATURE James E Meade (Degree or title) M.D. ADDRESS Fishing Creek, Md DATE SIGNED Sept 23/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-23-1952

NAME OF CEMETERY OR CREMATORY Family Cemetery

LOCATION (City, town, or county) (State) Lakesville, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept 23/52

REGISTRAR'S SIGNATURE James E Meade

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

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OCT 6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]164

# CERTIFICATE OF DEATH

Reg. Dist. No. 11 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Light Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 3 Light Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W. (Last) HARPER

4. DATE OF DEATH: (Month) SEPT (Day) 25 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-27-1883

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing Indust.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert W. Harper

14. MOTHER'S MAIDEN NAME: Frances Wallace

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-12-3815

17. INFORMANT & ADDRESS: Mrs. Georgia Harper: Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) ..... Carcinoma of gastrointestinal tract — Interval Between Onset And Death: 4 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ..... Carcinoma of Prostate — 1 yr

DUE TO

(c) Coronary Heart Disease — 3 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 19 52 to 9/25, 19 52, that I last saw the deceased alive on 9/24, 19 52, and that death occurred at 1:00 AM from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov, M.D — (Degree or title) — ADDRESS 136 Race St. Cambridge, Md — DATE SIGNED 9/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9-27-1952 — NAME OF CEMETERY OR CREMATORY St. Johns Cemetery — LOCATION (City, town, or county) (State) Golden Hill, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 27, 1952 — REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR — ADDRESS LeCompte Funeral Service, Cambridge, Maryland

VS. A15

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SEP 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) [illegible] Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| VIRGIE | ABBOTT | INSLEY | SEPT | 7 | 19[illegible]52 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | 3-15-1884 | 68 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | At Home | Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Carl Abbott | Not known |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | [illegible] | [illegible] Cambridge, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

22/X

**Immediate cause** (a) Cerebral hemorrhage — 4 hrs.

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| John Mace Jr. | M.D. | Cambridge, Md. | 9/8/52 |
| John Mace Jr. | | Medical Examiner. | |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 9-9-1952 | Sandy Island Cemetery | Cabin, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| September 9, 1952 | John Mace, Jr., M.D. | [illegible] Funeral Service | [illegible], Md. |

SEP 10 1
BUREAU V. S

66

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Dorchester MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge LENGTH OF STAY (Since this place) Since 3/26/52 | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital Rural | STREET ADDRESS (If rural give location) R.F.D. # 1 RURAL |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Stella | (Middle) Julia | (Last) Jackson | 4. DATE OF DEATH (Month) September | (Day) 21 | (Year) 1952 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH April 14, 1907 | 9. AGE last birthday 45 yrs. | If under 1 year Months / Days / If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13. FATHER'S NAME Joseph Era | | 14. MOTHER'S MAIDEN NAME Elizabeth Whitely | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT State Hospital Records | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pneumoserothorax, acute | 16 days |
| 422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) Chronic Myocarditis | 3 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Manic Depressive Psychosis, Manic type | 20 years |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 3/26/1952, 19....., to 9/21/1952, 19....., that I last saw the deceased alive on 9/21/1952, and that death occurred at 2:23 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Robert H. Reddick | M.D. | Eastern Shore State Hospital Cambridge, Maryland | 9/21/52 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9/24/52 | NAME OF CEMETERY OR CREMATORY St. Mary's Refuge | LOCATION (City, town, or county) Secretary, Md (State) |
| DATE REC'D BY LOCAL REG. September 22, 1952 | REGISTRAR'S SIGNATURE John Mace, Jr., M.D. | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible] |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A18

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (In this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
   STREET ADDRESS (If rural, give location) Route #50

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) C. (Last) JOHNSON

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 14, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-3-1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own General Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James C. Johnson

14. MOTHER'S MAIDEN NAME: Martha Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. James C. Johnson: Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John Pace, Jr., M. D. Deputy Medical Examiner, Cambridge, Md. 9-18-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-16-1952 — NAME OF CEMETERY OR CREMATORY: Old Trinity Cemetery — LOCATION (City, town, or county) (State): Church Creek, Maryland

DATE REC'D BY LOCAL REG. Sept 22, 52 — REGISTRAR'S SIGNATURE John Pace Jr MD — 24. FUNERAL DIRECTOR — ADDRESS

LeCates Funeral Service
Cambridge, Maryland

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SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural, give location) Muir Street

3. NAME OF DECEASED (Type or Print): (First) (Middle) EMALINE KEENE (Last)

4. DATE OF DEATH: (Month) (Day) (Year) September 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7-1-1873

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress-Cambridge-Md. Hospital

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry McGrath

14. MOTHER'S MAIDEN NAME: Willie Ann Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Mrs. Worthington Hopkins, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 4 hrs.

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Mace Jr. M.D. Cambridge, Maryland September 18, 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9-20-1952

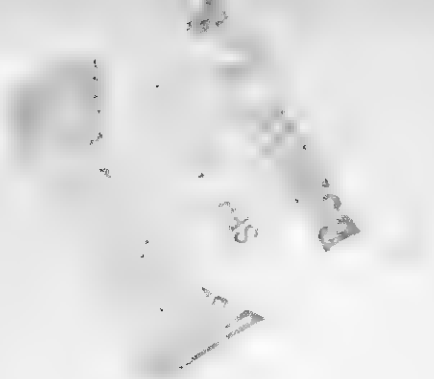
NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Sept. 19, 1952

REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: Holloway & Co., ADDRESS: Salisbury, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cambridge
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Beulah (Middle) (Last) Keller
4. DATE OF DEATH (Month) Sept. (Day) 1 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Unknown
9. AGE last birthday 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT E.S.S.H. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Coronary Thrombosis | 20 min. |
| 420 / Antecedent cause(s) (b) | Chronic Myocarditis | 2 yrs. plus |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | Malnutrition | 2 mos. |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychoneurosis, Conversion Reaction — 2 yrs. plus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1952, to 9/1, 1952, that I last saw the deceased alive on 9/1, 1952, and that death occurred at 9:14 p.m., from the causes and on the date stated above.

SIGNATURE Robert H. Reddick (Degree or title) M.D. ADDRESS STATE HOSPITAL, Cambridge, Md. DATE SIGNED 9/1/1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Sept 4, 1952 NAME OF CEMETERY OR CREMATORY St Andrew's Episcopal Cemetery LOCATION (City, town, or county) Princess Anne (State) Md.

DATE REC'D BY LOCAL REG. September 3, 1952 REGISTRAR'S SIGNATURE John Mace, Jr., M.D. 24. FUNERAL DIRECTOR James L. Hinnies ADDRESS 124 S. Somerset Ave Princess Anne

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 4 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 239 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 239 High Street

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) E (Last) KENNARD

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 11, 1867

9. AGE last birthday: 85 yrs. — If under 1 year: Months 3, Days 4, Hours, Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willian Eccleston

14. MOTHER'S MAIDEN NAME: Mary Eccleston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Jennie Camper, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

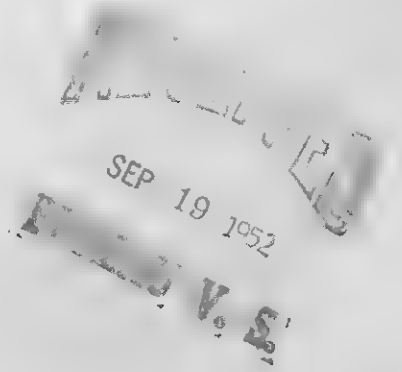
22. I hereby certify that I attended the deceased from March, 1950, to 9-15-, 1952, that I last saw the deceased alive on 9-15, 1952, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE: L. E. Bradley — (Degree or title) MD. — ADDRESS: 232 Cedar St. Cambridge Md. — DATE SIGNED: 9-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/18/1952 | NAME OF CEMETERY OR CREMATORY: Waugh Cemetery | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: September 18 1952 | REGISTRAR'S SIGNATURE: John Mace, Jr. | 24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr., | ADDRESS: Cambridge, Md.

VS. A15 T


SEP 19 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 71

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Church Creek
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Church Creek
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ROSS (Last) KIAH
4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept.15,1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months 0 Days 15 IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Church Creek,Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Isaac Ross
14. MOTHER'S MAIDEN NAME: Rose Dixon
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Rose Boggs, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease
DUE TO
(c)

Interval Between Onset And Death: one month; 4-5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from January, 1949, to September 1952, that I last saw the deceased alive on 29 Sept, 1952, and that death occurred at 4:30 A.M. 30 Sept 52, from the causes and on the date stated above.

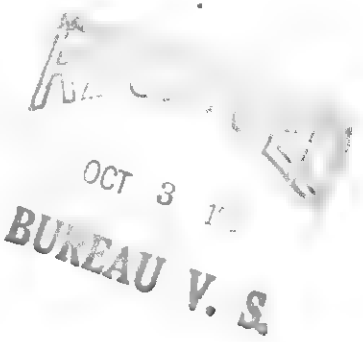
SIGNATURE J. Edwin Fassett (Degree or title) M.D. ADDRESS 227 Pine St Cambridge Md. DATE SIGNED 2 Oct 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct.4,1952
NAME OF CEMETERY OR CREMATORY Old Field
LOCATION (City, town, or county) (State) Old Field,Dor.Co., Md
DATE REC'D BY LOCAL REGISTRAR Oct 2, 1952
REGISTRAR'S SIGNATURE John Mace Jr. M.D.
24. FUNERAL DIRECTOR Herbert M.St.Clair,Jr., ADDRESS Cambridge,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


OCT 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Cambridge — LENGTH OF STAY (in this place) Since Jul 28-1952
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 103 Aurora Street

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) A. (Last) Leap
4. DATE OF DEATH: (Month) Sept. (Day) 13 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11. 18. 1877
9. AGE last birthday: 74 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): State of Virginia USA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Leap
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mrs Nellie Bonnie Leap, — wife —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 2 years

Antecedent cause(s) (b) General arteriosclerosis — 10 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Multiple cerebral thrombosis — 3-4 years

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Psoriasis with cerebral arteriosclerosis — 2 years

42201

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 19 52, to Sept. 13, 19 52, that I last saw the deceased alive on Sept. 13, 19 52, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alfred S. Lederman, M.D. — ADDRESS Eastern Shore State Hosp. Cambridge, Md. — DATE SIGNED 9-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Sept 16 52 | NAME OF CEMETERY OR CREMATORY Dor. Memorial Park | LOCATION (City, town, or county) Cambridge | (State) Md.

DATE REC'D BY LOCAL REG. September 15, 1952 | REGISTRAR'S SIGNATURE John Mace, Jr., M.D. | 24. FUNERAL DIRECTOR Kenneth R. Brown | ADDRESS Cambridge Md.

RECEIVED
SEP 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WESLEY (Middle) B. (Last) LECOMPTE

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 8, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-21-1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Home Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel C. LeCompte

14. MOTHER'S MAIDEN NAME: Sarah Voshell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Nelson LeCompte

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Intracranial injury — 5 Min.

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of skull — 5 Min.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture left tibia and fibula

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway — (CITY OR TOWN) Nr. Cambridge Md. — (COUNTY) Rt. 50 — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 9-8-52 7 P. m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Hit by auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace — (Degree or title) ADDRESS — DATE SIGNED

John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 9-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9-11-1952 — NAME OF CEMETERY OR CREMATORY Westley Chapel — LOCATION (City, town, or county) Rock Hall, Maryland (State)

DATE REC'D BY LOCAL REG. September 9, 19 — REGISTRAR'S SIGNATURE John Mace, Jr. M.D. — 24. FUNERAL DIRECTOR Edgar L. Lane, Church Hill, Md. — ADDRESS

VS. A-1

RECEIVED
SEP 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

09474

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 Choptank Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) 113 Choptank Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) F. (Last) Leonard

4. DATE OF DEATH: (Month) Sept. (Day) 15, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 1,1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Meekins Neck, Dor.Co.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H.Dean
14. MOTHER'S MAIDEN NAME: Lavenia Dum ock

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: 113 Choptank Ave. W.H.Leonard Sr., Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Myocardial Infarct — Interval Between Onset And Death: 10 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic Cardiovascular

DUE TO

(260X) (c) Renal Disease — 3 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 3 yrs +

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9-6, 1952 to 9-15, 1952, that I last saw the deceased alive on 9-14, 1952 and that death occurred at 10.15 A.M. from the causes and on the date stated above.

SIGNATURE Eldridge H. Wolff MD (Degree or title) ADDRESS Cambridge Md. DATE SIGNED 9-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept.17,'52
NAME OF CEMETERY OR CREMATORY Dorchester Mem.Park
LOCATION (City, town, or county) Cambridge, Md. (State)
DATE REC'D BY LOCAL REGISTRAR Sept. 19, 1952
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. NAME OF DIRECTOR Kenneth R.Thomas
ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 14 Douglass Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 14 Douglass Street

3. NAME OF DECEASED (Type or Print): (First) GLADYS (Middle) MYRTLE (Last) MACK

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 26, 1913

9. AGE last birthday: 39 yrs. If under 1 year: Months 6, Days 15. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning Fac.

11. BIRTHPLACE (State or foreign country): Whitestone, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lonnie Chowning

14. MOTHER'S MAIDEN NAME: Malinda Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-14-4674

17. INFORMANT AND ADDRESS: Geraldine Seymore, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ca of cervix

1711 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH:

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to 9-11, 1952 that I last saw the deceased alive on 9-11-, 1952, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

SIGNATURE: L. E. Brady, Jr. (Degree or title): MD ADDRESS: 232 Cedar St. Camb'd. DATE SIGNED: 9-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/14/1952

NAME OF CEMETERY OR CREMATORY: Old Field Cemetery

LOCATION (City, town, or county) (State): Old Field, Maryland

DATE REC'D BY LOCAL REG.: Sept. 15, 1952

REGISTRAR'S SIGNATURE: John Mace Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS: Herbert M. St. Clair, Jr., Cambridge, Md.

SEP 16
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

**1. PLACE OF DEATH:**
County: Dorchester
City or town: Rural, E. New Market
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life - 6 months
Hospital, institution, or street address where death occurred: Thompsontown
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: E. New Market, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Thompsontown
(If rural, give LOCATION)
2.(a) If veteran, name war:

**3. (a) FULL NAME:** Ladine Matthews

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| female | negro | single |

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 7, 1952

8. AGE: Years: 0 | Months: 6 | Days: 21 | If less than one day: hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Vernon Matthews
13. Birthplace: Maryland

MOTHER
14. Maiden name: E. Plukibus Davis
15. Birthplace: Maryland

16. Informant: Mother
Address: E. New Market, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 29 1952 (month) (day) (year)
Cemetery or crematory: Thompsontown
Location: Near East New Market

18. Funeral director: Vernon Matthews, Father
Address: East New Mkt Md

19. Sept 29 1952 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: September 28, 1952, at 1:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 25, 1952 to Sept. 28, 1952 and that I last saw h[illegible] alive on September 25, 1952

| Immediate cause of death | DURATION |
|---|---|
| Acute enteritis | 1 week |
| Due to | |
| Due to | |
| Other conditions: Dehydration | 1 week |

571.0

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

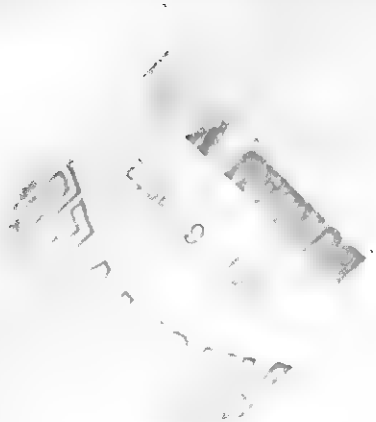
23. SIGNATURE: W C Harrison M D
M. D. or other
Address: Hurlock Md. Date signed: 9/28/52

2032173325

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toddville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS (none)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toddville; STREET ADDRESS (If rural, give location) (none)

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) ALMA JONES MILLS

4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 18, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-18-1892

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jenkins Jones

14. MOTHER'S MAIDEN NAME: Mesdis Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Guy L. Mills: Toddville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 5 mins.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace (Degree or title) ADDRESS

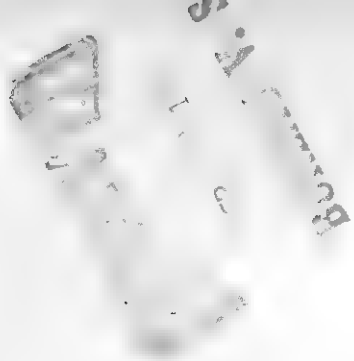
John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Maryland

DATE SIGNED 9-19-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 9-18-1952; NAME OF CEMETERY OR CREMATORY: Zion Methodist Churchyard; LOCATION (City, town, or county) (State): Toddville, Maryland

DATE REC'D BY LOCAL REG. September 20 '52; REGISTRAR'S SIGNATURE John Mace Jr

24. FUNERAL DIRECTOR: LeCompte Funeral Service; ADDRESS: Cambridge, Maryland



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cedar Creek — LENGTH OF STAY (in this place): [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: [illegible] — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
STREET ADDRESS (If rural, give location): [illegible]

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): [illegible]
4. DATE OF DEATH (Month) (Day) (Year) 19[illegible]
5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: [illegible] 1865
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardio renal Faulure | 2 wks |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Heart Disease | 15yrs |
| | (c) Benign Prostatic Hypertrophy | 2yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/30/52, 19..., to 9/15/52, 19..., that I last saw the deceased alive on 8/30/52 19..., and that death occurred at 5:20A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Preston Maryland DATE SIGNED: 9/3/52

23. BURIAL, CREMATION REMOVAL (Specify):
DATE THEREOF:
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 9/10/52
REGISTRAR'S SIGNATURE: Chas W Hastings
24. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Date of Death: Film G148
11/28/52; also see item #22 below. dmr.

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH:**
COUNTY DORCHESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE
LENGTH OF STAY (in this place) 8 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS CAMBRIDGE HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE MD COUNTY DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GALESTOWN
STREET ADDRESS (If rural, give location) MAIN ST

**3. NAME OF DECEASED:** (Type or Print) (First) MILTON (Middle) LEE (Last) NELSON

**4. DATE OF DEATH:** (Month) SEPT (Day) 11 (Year) 2 1952

**5. SEX:** M
**6. COLOR OR RACE:** W
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** MARRIED
**8. DATE OF BIRTH:** AUG 27 1898
**9. AGE last birthday:** 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): OWNER OF FEED MILL
**10b. KIND OF BUSINESS OR INDUSTRY:** FEED MILL OWNER
**11. BIRTHPLACE** (State or foreign country): MD
**12. CITIZEN OF WHAT COUNTRY?** U.S

**13. FATHER'S NAME:** JOHN NELSON
**14. MOTHER'S MAIDEN NAME:** SUSIE COVINGTON

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) NO (If Yes, give war or dates of service)
**16. SOCIAL SECURITY No.:** 222-18-2835
**17. INFORMANT & ADDRESS:** MRS MARY NELSON

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 56 days

DUE TO

Antecedent cause(s) (b) with left sided Heart Failure &

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Cardiac dilatation

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION:**
**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1952, to Sept 7 1952, that I last saw the deceased alive on Sept 2, 1952, and that death occurred at 9 20 A.m., from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov, M.D. (DEGREE OR TITLE) ADDRESS Cambridge, Md DATE SIGNED 9/4/52

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial
DATE THEREOF 9/4/52
NAME OF CEMETERY OR CREMATORY GALESTOWN
LOCATION (City, town, or county) GALESTOWN (State) MD

DATE REC'D BY LOCAL REG. September 5, 1952
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
**24. FUNERAL DIRECTOR** Paul J Smith, Sharptown, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 3-51

REG
SEP
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 11 5

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Cambridge
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY C.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) THEOFOLUS (Last) NORMAN

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10/23/83

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James R. Norman

14. MOTHER'S MAIDEN NAME: Anne Bright Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary embolism — 2 hours

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis, chronic, myocardial degeneration — 1 year

(c) General Arteriosclerosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cer bral Arteriosclerosis — 1 Month

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 1952, to Sept. 8, 1952, that I last saw the deceased alive on Sept. 8, 1952, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alfred S. Leclemaire M.D. — ADDRESS E.S.S.H., Cambridge, Md. — DATE SIGNED 9/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 9/11/52 | NAME OF CEMETERY OR CREMATORY Stevensville | LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REG. September 9, 1952. | REGISTRAR'S SIGNATURE John Mace, J. R.N. | 24. FUNERAL DIRECTOR Elgar G. Lane — ADDRESS Church Hill Md

RECEIVED
SEP 10
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock R.D. | LENGTH OF STAY (In this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location) R.D.

3. NAME OF DECEASED (Type or Print): (First) Eric (Middle) Robert (Last) Perry

4. DATE OF DEATH: (Month) (Day) (Year) September 21 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: October 22, 1951

9. AGE last birthday: yrs. 10 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Perry

14. MOTHER'S MAIDEN NAME: Rosetta Cephas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Marian Cephas, Hurlock, Maryland, R.FD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Toxemia — 1 day

571.0

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute gastroenteritis — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) Medical Examiner | ADDRESS M.D. Cambridge, Md. | DATE SIGNED 9/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept. 22, 1952 | NAME OF CEMETERY OR CREMATORY East New Market Cemetery | LOCATION (City, town, or county) (State) East New Market, Maryland

DATE REC'D BY LOCAL REG. Sept 22-52 | REGISTRAR'S SIGNATURE Chas W Hastings

24. FUNERAL DIRECTOR | ADDRESS J.J.Framptom and Son, Federalsburg,, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 54 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church & Choptank Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) Church & Choptank Ave.

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) ROBINSON (Last) PRITCHETT

4. DATE OF DEATH: (Month) SEPT (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-28-1876

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Robinson

14. MOTHER'S MAIDEN NAME: Rose Ann Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Merritt Robinson: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instant

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace (Degree or title) Medical Examiner Dor. Co. ADDRESS M.D. Cambridge, Maryland. DATE SIGNED 9/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9-21-52 | NAME OF CEMETERY OR CREMATORY: East New Market Cemetery | LOCATION (City, town, or county) (State): East New Market, Md.

DATE REC'D BY LOCAL REG. Sept 22, 1952 | REGISTRAR'S SIGNATURE John Mace, M.D. | 24. FUNERAL DIRECTOR AND ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 115

**1. PLACE OF DEATH:**
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fishing Creek
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (none)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fishing Creek
STREET ADDRESS (If rural, give location) (none)

**3. NAME OF DECEASED:** (Type or Print) (First) WILLIAM (Middle) [illegible] (Last) [illegible]

**4. DATE OF DEATH:** (Month) SEPT (Day) 6 (Year) 1952

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married
**8. DATE OF BIRTH:** 11-2[illegible]-19[illegible]
**9. AGE last birthday:** 25 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Claim Ajuster
**10b. KIND OF BUSINESS OR INDUSTRY:** Penn. Railroad Co.
**11. BIRTHPLACE** (State or foreign country): Yarmouth, England
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** William T. Read
**14. MOTHER'S MAIDEN NAME:** Mary Ellen Smith

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service) unknown
**16. SOCIAL SECURITY NO.:** --
**17. INFORMANT & ADDRESS:** Mr. [illegible] Read: [illegible] City, Mo.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 420.1 Immediate cause | (a) | Coronary Occlusion | 4 hrs. |
| | DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) | Arteria Sclerosis | 10 yrs |
| | DUE TO | | |
| | (c) | — | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

**19a. DATE OF OPERATION:** none
**19b. MAJOR FINDINGS OF OPERATION:** —
**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT SUICIDE HOMICIDE** (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 6, 1952, to Sept 6, 1952, that I last saw the deceased alive on Sept 6, 1952, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE James W. Meade (DEGREE OR TITLE) M.D. ADDRESS Fishing Creek, Md Sept DATE SIGNED 10-1952

**23. BURIAL, CREMATION REMOVAL (Specify):** [illegible]
DATE THEREOF 9-10-1952
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. Sept. 10/52
REGISTRAR'S SIGNATURE James W. Meade
**24. FUNERAL DIRECTOR** [illegible] Funeral Service, Cambridge, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-3-51

BUREAU V. S.
DEC 16 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Maryland Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md. COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 201 Dorchester Ave.

**3. NAME OF DECEASED: (Type or Print)** (First) Otis (Middle) - (Last) Robbins

**4. DATE OF DEATH:** (Month) Sept. (Day) 7 (Year) 1952

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 5-18-1893 | 59 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Mechanic | Food Canning Indust. | Maryland | U.S.A. |

**13. FATHER'S NAME:** John O. Robbins

**14. MOTHER'S MAIDEN NAME:** not known

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| unknown | 214-07-9227 | Mrs. O. Robbins: Cambridge, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| 540.0 Immediate cause | (a) Pulmonary Edema | 16 hours |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Coronary Arteriosclerosis | ? |
| DUE TO | | |
| | (c) Myocardial Failure | 16 hours |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Occurred following Operation

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? |
|---|---|---|
| 9/6/52 | Large Gastric ulcer Cholelithiasis | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| M. | | |

22. I hereby certify that I attended the deceased from 6/10, 1952, to 9/7, 1952, that I last saw the deceased alive on 9/7, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE: W. J. Banks M.D. (DEGREE OR TITLE) ADDRESS: Cambridge Md. DATE SIGNED: 9/11/52

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE FINAL OF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 9-9-1952 | Dorchester Memorial Park | Cambridge, Maryland |

DATE REC'D BY LOCAL REG.: September 12, 1952 — REGISTRAR'S SIGNATURE: John Main, Jr., M.D.

24. FUNERAL DIRECTOR — ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural, give location) RFD - Fairview Camp

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ROSA MAE SMILEY
4. DATE OF DEATH (Month) (Day) (Year) September 7, 1952
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-21-1952
9. AGE last birthday yrs. If under 1 year Months 6 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Cambridge, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Willie Smiley
14. MOTHER'S MAIDEN NAME Rosey Nelson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Paralyticus Ileus and shock - due to food poisoning, severe | 11 hrs. |
| 879.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Allowed to eat spoiled canned food. Chief (DepMedEx)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Eldridge H. Wolff MD Assistant Deputy Medical Examiner Dorchester Co. 9-9-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-9-1952
NAME OF CEMETERY OR CREMATORY Silent City Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. September 20, 1952
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR ADDRESS Lewis H. Bayneum, Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AGE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18, 186

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hudson (Rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge RFD #3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hudson
STREET ADDRESS (If rural give location) Cambridge RFD # 3

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) W. (Last) SPEDDEN
4. DATE OF DEATH: (Month) SEPT. (Day) 21 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-8-1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Food Canning Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Creighton Spedden
14. MOTHER'S MAIDEN NAME: Clara Spedden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-07-8156
17. INFORMANT & ADDRESS: Mrs. Thomas Spedden: Hudson, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

572.1

Immediate cause (a) Myocardial Failure — 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Toxemia of

DUE TO

(c) Acute diverticulitis with Hemorrhage

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Proven by X Ray Studies

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1952, to 9/21, 1952, that I last saw the deceased alive on 9/21, 1952, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS Cambridge Md DATE SIGNED 9/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-23-1952
NAME OF CEMETERY OR CREMATORY Speddens Cemetery
LOCATION (City, town, or county) James, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR September 23, 1952
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR LeCompte Funeral Service Cambridge, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cord town - near Cambridge
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS R F D - Cambridge

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) R.F.D # 2

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Stanley

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: July 18 - ?
9. AGE last birthday: approx. yrs. 80 yrs. If under 1 year: Months Days; If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Cambridge Md. R.F.D # 2
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Stanley
14. MOTHER'S MAIDEN NAME: Laurance Stanley, Cambridge Md R.F.D. 2

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Laurence Stanley Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4200

Immediate cause (a) Chronic myocarditis (congestive failure)
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease
DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Sept., 1952, to 16 Sept, 1952, that I last saw the deceased alive on 16 Sept, 1952, and that death occurred at 0830, from the causes and on the date stated above.

SIGNATURE Edwin Fassett (Degree or title) MD. ADDRESS 227 Pine St Cambridge Md. DATE SIGNED 18 Sept 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-21-1952
NAME OF CEMETERY OR CREMATORY Cord town Cemetery
LOCATION (City, town, or county) (State) R F D, Cambridge, Md.
DATE REC'D BY LOCAL REGISTRAR Oct 22 1952
REGISTRAR'S SIGNATURE Robert [illegible] Jr., M.D.
24. FUNERAL DIRECTOR Lewis [illegible] Bayneum ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 158

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR TOWN and give nearest town) Airey's (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Airy's
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Josiah (Middle) (Last) Stanley

4. DATE OF DEATH: (Month) Sept (Day) 9 (Year) 1952

5. SEX: M
6. COLOR OR RACE: Colored
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):
8. DATE OF BIRTH: Jan 30-1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: public school
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Stanley
14. MOTHER'S MAIDEN NAME: Charity McBride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Dewey Stanley. (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a) Hypertensive Cardiovascular Disease
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1952, to 9-9, 1952, that I last saw the deceased alive on 9-9-, 1952, and that death occurred at 10:30 AM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS 232 Cedar St. DATE SIGNED 9-10-52

23. BURIAL, ~~CREMATION, REMOVAL (Specify)~~ DATE THEREOF 10-12-52 NAME OF CEMETERY OR CREMATORY Airy's. Md. LOCATION (City, town, or county) Airy's (State) Md

DATE REC'D BY LOCAL REGISTRAR September 12, 1952 REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR Lewis C. Henry. ADDRESS Camb. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]59

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cambridge
LENGTH OF STAY (in this place): 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 412 Glenburne Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dor
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cambridge
STREET ADDRESS (If rural give location): 412 Glenburne Avenue

3. NAME OF DECEASED (Type or Print): (First) Laurena (Middle) Aaron (Last) Tall

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5-12-1871

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew Aaron

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. George Harner : Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 12.2

Immediate cause — (a) DUE TO: Cerebral Apoplexy — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO: Myocarditis Chronic — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1945, to Sept 10, 1952, that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 1 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title): Hugh Brown M D — ADDRESS: Cambridge — DATE SIGNED: Sept 11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-12-1952 — NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park — LOCATION (City, town, or county) (State): Cambridge, Md. — ADDRESS

DATE REC'D BY LOCAL REGISTRAR: September 11, 1952 — REGISTRAR'S SIGNATURE: John Mace, Jr. R.D.

24. FUNERAL DIRECTOR: LeCompte Funeral Service, Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19490

# CERTIFICATE OF DEATH

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Honga
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS (none)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Honga
STREET ADDRESS (If rural give location) (none)

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) RUARK (Last) TOLLEY

4. DATE OF DEATH: (Month) SEPT (Day) 24 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-24-1874
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William P. Ruark
14. MOTHER'S MAIDEN NAME: Rebecca T. Parker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Miss. Naomi Tolley: Honga, Md.

18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause 420.1 | (a) Coronary occlusion (repeated attacks) | 1 week. |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO Hypertension & Arterio-sclerosis | 15 yrs |
| | (c) DUE TO — | — |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | none | — |

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. No
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 1952 to Sept. 24, 1952 that I last saw the deceased alive on Sept 24, 1952, and that death occurred at 155 a. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) James W. Meade M.D. ADDRESS Fishing Creek, Md DATE SIGNED Sept. 26/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-26-1952
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park
LOCATION (City, town, or county) Cambridge, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Sept 26/52
REGISTRAR'S SIGNATURE James W. Meade
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

VS. A15

RECEIVED
SEP 29 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

09491

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek; STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Jones (Last) Vickers

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 10-16-1872

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Jones

14. MOTHER'S MAIDEN NAME: Sarah E. Linthicum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) --

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Harold Delaha, Church Creek, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — Interval Between Onset and Death: 2 Hrs.

4424 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular renal disease — 1 year +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Chronic Bronchitis — 1 year +

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1952, to 9-19, 1952, that I last saw the deceased alive on 9-19, 1952, and that death occurred at 6:55 P. m., from the causes and on the date stated above.

SIGNATURE Eldridge H. Wolfgang (Degree or title) ADDRESS Cambridge, Maryland DATE SIGNED 9-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 9-21-52

NAME OF CEMETERY OR CREMATORY: Old Trinity Cemetery

LOCATION (City, town, or county) (State): Church Creek, Maryland

DATE REC'D BY LOCAL REG. Sept. 23, 1952

REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS: Le Compte Funeral Service, Cambridge, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 24 1952
BUREAU V. S.